There has been some confusion about completing the Clinical Research Projects Form. Do not answer "yes" to any questions unless the research is taking place in a research laboratory. If tests are being done in radiology or a patient hospital lab or being sent out to another lab, answer "no" to the questions. The Research Service has no jurisdiction over safety matters in hospital labs, radiology, or outside labs. They only have jurisdiction over research labs like ones in Bressler, MSTF, etc.

## **CLINICAL RESEARCH PROJECTS FORM**

This form is applicable only to Clinical Research Projects using Human Subjects.

Please carefully review the questions below. If you answer Yes to at least one of these questions, you need to fill out the complete biohazard protocol research biohazard safety survey or a radiation form. You will be contacted and given the form(s) you need to complete.

PRINCIPAL INVESTIGATOR (PI) Name:		
PROJECT TITLE:		
DΑ	ATE OF SUBMISSION:	
Do	es your project involve work on or with any of the following (circle Yes or No for ea	ach question):
1.	Bacterial or viral cultures	_Yes / No
2.	Pathogens, toxins, select agents	_Yes / No
3.	Animals	_Yes / No
4.	Human or animal tissue or cell samples (cultures, blood, bodily fluids, cell lines other than routine diagnostic testing in a claboratory)	clinical _Yes / No
5.	Recombinant DNA (plasmids, DNA cloning procedures, PCR)	_Yes / No
6.	Toxic or flammable or corrosive or carcinogenic chemicals	_Yes / No
7.	Ionizing radiation	_Yes / No
8.	Ultraviolet light, laser, radio- and microwaves for research (not in a clinical setting) purposes	_Yes / No
	Signature of Principal Investigator Da	 te